

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

2091

County Kent

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 202

Village or City Chester town

(No.)

St. _____ Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Edward Carroll

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Male

Gold

widowed

6 DATE OF BIRTH

Did not know, 1901
(Month) (Day) (Year)

7 AGE

62

Don't know
yrs. mos. ds.If LESS than
1 day, hrs.
OR min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.

Harm hand

(b) General nature of industry,
business, or establishment to
which employed (or employer)9 BIRTHPLACE
(State or country)

Kent Co Md

10 NAME OF
FATHER

Geo Carroll

11 BIRTHPLACE
OF FATHER
(State or country)

Kent Co Md

12 MAIDEN NAME
OF MOTHER

Harriet Smith

13 BIRTHPLACE
OF MOTHER
(State or country)

Kent Co Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Benjamin Bordley

(Address)

Chester town

15

Filed Feb. 4, 1913

W. J. Hicks
Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb 5, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan. 6, 1913, to Jan. 15, 1913,

that I last saw him alive on Jan. 15, 1913,

and that death occurred on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(Duration) 7 yrs. 0 mos. 0 ds.

Contributory
(Secondary) Failure of heart

(Duration) 1 yrs. 0 mos. 0 ds.

(Signed) Harry L. Dyer, M.D.

Feb. 4, 1913 (Address)

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL,
SUICIDAL, or HOMICIDAL.18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Burke's Cemetery, 1913

DATE OF BURIAL

20 UNDERTAKER

Joseph Dodd, Chester town

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement. It should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma, *Sarcoma*, etc., of (name origin; "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.s.*; *Bronchopneumonia* (secondary), *10 d.s.* Never report more symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Recover wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.

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1 PLACE OF DEATH

County Kent
Village or City Massey

2092

(9)

**STATE OF MARYLAND
CERTIFICATE OF DEATH**

Registration Dist. No. 200

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Alva Benson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	child
Female	White	(Write the word)	

6 DATE OF BIRTH	Aug.	15 th	1911
	(Month)	(Day)	(Year)

7 AGE	1 yrs.	7 mos.	2 ds.	It LESS than 1 day, hrs. OR min. ?
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8 OCCUPATION	Child
(a) Trade, profession, or particular kind of work.	Child
(b) General nature of industry, business, or establishment in which employed (or employer)	Child

9 BIRTHPLACE (State or country)	Maryland
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10 NAME OF FATHER	James Benson
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11 BIRTHPLACE OF FATHER (State or country)	Maryland
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12 MAIDEN NAME OF MOTHER	Bethia Everett
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13 BIRTHPLACE OF MOTHER (State or country)	Maryland
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(informant) James Benson
(Address) Massey Md.

Filed FEB 18 1913
FEB 18 1913 Julian Powers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 17, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1913, to Feb. 17th, 1913, that I last saw her alive on Feb. 17th, 1913, and that death occurred on the date stated above, at 240 A.M., The CAUSE OF DEATH* was as follows:

Croup.

(Duration) yrs. mos. 1 ds.
Contributory (Secondary) Acute Bronchitis

(Duration) yrs. mos. 2 ds.
(Signed) Merritt Brice, M. D.
Feb. 18, 1913 (Address) Wellington Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Massey
DATE OF BURIAL 2/19, 1913

20 UNDERTAKER John & Smith, Wellington
ADDRESS Md.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcin-*

oma. Surcoma, etc., of _____ (name origin); "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "An-
æmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mars-
itus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH County <i>Kent</i>		2093	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. <i>200</i>
Village or City <i>Golds</i> (No. <i>5</i>)		St. Ward	
2 FULL NAME <i>(Stillborn) Benson</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <i>Male</i>	4 COLOR OR RACE <i>Black</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Infant</i>	MEDICAL CERTIFICATE OF DEATH
6 DATE OF BIRTH <i>Feb. 11</i>		16 DATE OF DEATH <i>Feb. 11</i> , 1913 (Month) (Day) (Year)	16 DATE OF DEATH <i>Feb. 11</i> , 1913 (Month) (Day) (Year)
7 AGE <i>Still Born 7 months</i>		17 I HEREBY CERTIFY, That I attended deceased from <i>Feb. 11, 1913, to Feb. 11, 1913</i> that I last saw him alive <i>Feb. 11, 1913</i> and that death occurred on the date stated above, at <i>Frederick</i> . The CAUSE OF DEATH* was as follows: <i>Still Born 7 months.</i>	17 I HEREBY CERTIFY, That I attended deceased from <i>Feb. 11, 1913, to Feb. 11, 1913</i> that I last saw him alive <i>Feb. 11, 1913</i> and that death occurred on the date stated above, at <i>Frederick</i> . The CAUSE OF DEATH* was as follows: <i>Still Born 7 months.</i>
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Infant</i> (b) General nature of industry, business, or establishment in which employed (or employer)		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.
9 BIRTHPLACE (State or country) <i>Ind</i>		19 PLACE OF BURIAL OR REMOVAL <i>Golds</i>	19 PLACE OF BURIAL OR REMOVAL <i>Golds</i>
10 NAME OF FATHER <i>Unknown</i>		20 UNDERTAKER <i>J. C. Haygood</i>	DATE OF BURIAL <i>Feb. 13 - 1913</i>
11 BIRTHPLACE OF FATHER (State or country) <i>Unknown</i>		ADDRESS <i>Golds Md</i>	
12 MAIDEN NAME OF MOTHER <i>Bethie Benson</i>			
13 BIRTHPLACE OF MOTHER (State or country) <i>Maryland</i>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Mary Benson</i> (Address) <i>Golds Md</i>			
15 Filed <i>FEB 12 1913</i> , 1913 Local REGISTRAR		21 ADDRESS <i>Golds Md</i>	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcin-*

oma

oma. *Sureoma*, etc., of _____ (name origin: "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 d.*; *Bronchopneumonia* (secondary), *10 d.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara- mus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*PUERPERAL septicemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably such*, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *esophis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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MARGIN RESERVED FOR BINDING

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1 PLACE OF DEATH County <u>Kent</u>		2094	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City <u>Rock Hall</u> No. <u>74</u>			Registration Dist. No. <u>203</u>		
2 FULL NAME <u>John Joseph Blackiston</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	MEDICAL CERTIFICATE OF DEATH		
6 DATE OF BIRTH <u>Mar 1.</u>		(Month) (Day)	16 DATE OF DEATH <u>Feb 1st</u>	(Month)	(Year) <u>1913</u>
7 AGE <u>65 yrs. 11 mos. - ds.</u>		If LESS than 1 day, ____ hrs. OR ____ min. ?	I HEREBY CERTIFY, That I attended deceased from <u>Jan 1st, 1913, to Feb 1st, 1913,</u> that I last saw him alive on <u>Jan 31, 1913</u> , and that death occurred on the date stated above, at <u>4 P.M.</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Merchant</u>		The CAUSE OF DEATH* was as follows:			
(b) General nature of industry, business, or establishment in which employed (or employer)					
9 BIRTHPLACE (State or country) <u>Kent Co. Md.</u>		Contributory (Secondary) <u>Heart Disease</u>			(Duration) <u>yrs. 1 mos. 0 ds.</u>
10 NAME OF FATHER <u>James E. Blackiston</u>		(Signed) <u>Walter O. Kelly, M.D.</u>			(Duration) <u>yrs. 1 mos. 0 ds.</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Kent Co. Md.</u>		Address <u>Rock Hall, Md.</u>			
12 MAIDEN NAME OF MOTHER <u>Mary E. Stevens</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) <u>Kent Co. Md.</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) <u>Julia C. Blackiston</u>		At place of death <u>65 yrs. 11 mos. - ds.</u> State <u>65 yrs. 11 mos. - ds.</u>			In the place of death
(Address) <u>Rock Hall, Md.</u>		Where was disease contracted, if not at place of death?			<u>not any</u>
15 Filed <u>2/3 1913</u> T. B. Durding		19 PLACE OF BURIAL OR REMOVAL <u>Wesley Chapel Cemetery</u>			DATE OF BURIAL <u>Feb 4, 1913</u>
		REGISTRAR			ADDRESS <u>Thos. J. Cussey, Rock Hall</u>
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.					

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CERTIFICATE OF DEATH

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.. *Carcin-*

oma, *Surcoma*, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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* PLACE OF DEATH

2095

County Kent County

64

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 200

Village or City or town (No.)

* FULL NAME

Alday Clements

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Male

White

Married

6 DATE OF BIRTH

December 15, 1850
(Month) (Day) (Year)

7 AGE

62 yrs. 2 mos. 3 ds.

If LESS than
1 day.....hrs.
OR.....min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.(b) General nature of industry,
business, or establishment in
which employed (or employer)

Farmer & Banker

9 BIRTHPLACE

(State or country)

Maryland, near Galena

PARENTS

10 NAME OF FATHER

David Clements

11 BIRTHPLACE OF FATHER
(State or country)

Delaware

12 MAIDEN NAME OF MOTHER

Susan Slaughter

13 BIRTHPLACE OF MOTHER
(State or country)

Delaware

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant

David A. Clements

(Address)

Crumpton, Md.

15

FEB 19 1913
Filed 1913Julian D. O'Dowd
Vocal REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 18, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Feb. 17, 1913, to Feb. 18, 1913,

that I last saw him alive on Feb. 18, 1913,

and that death occurred on the date stated above, at 1:45 a.m.

The CAUSE OF DEATH* was as follows:

Cardiac Hemorrhage

(Duration) yrs. mos. ds.

Contributory (Secondary) *arteriosclerosis*

(Duration) yrs. mos. ds.

(Signed) Robert E. Sanders, M. D.

Feb. 18, 1913 (Address) Crumpton

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Chesterlawn

DATE OF BURIAL

Feb. 20, 1913

20 UNDERTAKER

Bradley Sparks

ADDRESS

Crumpton

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationery salesman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croupy"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcin-*

oma, *Sarcoma*, etc., of _____ (name origin; "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Miasics* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "An-
thenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "Senile," etc.), "Dropsey," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marn-
itus," "Old Age," "Shock," "Traenæma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal sciticaria-
ma," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH County.....		2096	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City.....		170			Registered No. 205
FAMILY NAME.....		St:..... Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME..... Wm Thomas Edwards					
3 PERSONAL AND STATISTICAL PARTICULARS					
4 SEX Male	5 COLOR OR RACE White	6 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) Married	16 DATE OF DEATH Feb. 24, 1913 (Month) (Day) (Year)		
7 DATE OF BIRTH Dec 20, 1851 (Month) (Day) (Year)	17 I HEREBY CERTIFY, THAT attended deceased from Feb. 6, 1913, to Feb. 24, 1913, that I last saw him alive on Feb. 24, 1913, and that death occurred on the date stated above, at 2:40 P.M.				
8 AGE 62 yrs. 2 mos. 11 ds. If LESS than 1 day, hrs. OR min. ?	18 MEDICAL CERTIFICATE OF DEATH				
9 OCCUPATION (a) Trade, profession, or particular kind of work..... Farmer	19 The CAUSE OF DEATH* was as follows: Chronic Arterial Nephritis				
10 BIRTHPLACE (State or country) Del.	20 Contributory (Secondary) In tertial Nephritis				
11 NAME OF FATHER Thos. Edwards	21 (Duration) 2 years 2 months 2 days yrs. mos. ds.				
12 BIRTHPLACE OF FATHER (State or country) Del.	22 Frank B. Jones, M.D. (Name) (Address) Chesterton Md.				
13 MAIDEN NAME OF MOTHER Mathilda Ricard	23 (Duration) 2 years 2 months 2 days yrs. mos. ds.				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Farmer Edwards (Address) (Phonetic) Chesterton R.F.D.	24 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.				
15 Filed Feb. 26, 1913, by C. Townsend	25 PLACE OF BURIAL OR REMOVAL Chesterstown				
	26 DATE OF BURIAL Feb. 26, 1913				
	27 UNDERTAKER Bias L. Dodd				
	28 ADDRESS Chesterstown				

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Dairymilk*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

ected thus: *farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Houscwife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death state occupation at beginning of ill-

such, if impossible to determine definitely. Examples:
Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

oma. Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH		2097	STATE OF MARYLAND CERTIFICATE OF DEATH	
County <i>Kent</i>		Registration Dist. No. <i>202</i>		
Village or City <i>Chestertown</i> (No.)		St. <i>Ward</i>)		
2 FULL NAME <i>William Samuel Elburn</i>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Widower</i>		
6 DATE OF BIRTH <i>June 6, 1838</i> (Month) (Day) (Year)				
7 AGE <i>74 yrs. 8 mos. 1 ds.</i>	IF LESS than 1 day, ____ hrs. OR ____ min. ?			
8 OCCUPATION (a) Trade, profession, or particular kind of work. <i>Farmer</i> (b) General nature of industry, business, or establishment in which employed (or employer)				
9 BIRTHPLACE (State or country) <i>Kent Co. Md.</i>				
10 NAME OF FATHER <i>Thos. Wm. Elburn.</i>				
11 BIRTHPLACE OF FATHER (State or country) <i>Md.</i>				
12 MAIDEN NAME OF MOTHER <i>Charlotte Ashley</i>				
13 BIRTHPLACE OF MOTHER (State or country) <i>Md.</i>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Wm. Elburn</i> (Address) <i>Chestertown Md.</i>				
15 Filed <i>Feb. 9, 1913</i>	W. H. Hixson Local REGISTRAR		16 DATE OF DEATH <i>Feb. 7, 1913</i> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to <i>Feb. 7th</i>, 191____, that I last saw him alive on <i>Feb. 5</i>, 191____, and that death occurred on the date stated above, st. <i>a</i> m. The CAUSE OF DEATH* was as follows:				
<i>Exhaustion</i>				
(Duration) yrs. ____ mos. ____ ds.				
Contributory (Secondary) <i>Stomach trouble & general debility</i>				
(Duration) yrs. ____ mos. ____ ds.				
(Signed) <i>J. G. Ferguson</i> , M. D. <i>Feb. 7, 1913</i> (Address) <i>Chestertown</i>				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ of death _____ yrs. ____ mos. ____ ds. In the State _____ yrs. ____ mos. ____ ds.				
Where was disease contracted, if not at place of death?				
Former or usual residence.				
19 PLACE OF BURIAL OR REMOVAL <i>Chestertown</i>				
DATE OF BURIAL <i>Feb. 9, 1913</i>				
20 UNDERTAKER <i>J. G. Ferguson</i>				
ADDRESS <i>Chestertown Md.</i>				

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*oma, *Surcoma*, etc., or _____ (name origin); "Can-*cer*" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchoneumonia* (secondary). *10 ds.* Never report mere symptoms or terminal conditions, such as "As-*thenia*," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-*genital*," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-*mus*," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal *septici-*na**," "Puerperal *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIO-*LENT DEATHS* state MEANS OF INJURY and qualify as such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencla-ture of the American Medical Association.)

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1 PLACE OF DEATH		2098	STATE OF MARYLAND CERTIFICATE OF DEATH		
County	Kent	(No.)	Registration Dist. No.	202	
Village or City	Chestertown	(No.)	St.	Ward	(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Ambrose Bradway Frazier			40		
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDDED, OR DIVORCED	married (Write the word)		
male	white				
6 DATE OF BIRTH	January 30, 1855			(Month) (Day) (Year)	
7 AGE	58 yrs.	mos. 25	ds. 0	If LESS than 1 day, hrs. OR min. ?	
8 OCCUPATION	had none				
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business, or establishment in which employed (or employer)					
9 BIRTHPLACE (State or country)	Delaware				
10 NAME OF FATHER	Alexander Frazier				
11 BIRTHPLACE OF FATHER (State or country)	Delaware				
12 MAIDEN NAME OF MOTHER	Sarah E. Cooper				
13 BIRTHPLACE OF MOTHER (State or country)	Delaware				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant)	Susie L. Frazier,				
(Address)	Chestertown, Md.				
15	Feb. 26, 1913			Mr. Charles Local REGISTRAR	
Filed					
If more blanks are needed, address State Registrar, 8 E. Franklin St., Balt., requesting V. S. No. 1.					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH	Feb. 24, 1913			(Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from	Sept. 30, 1911, to Feb. 24, 1913			(Month) (Day) (Year)	
that I last saw him alive on	Feb. 23, 1913			(Month) (Day) (Year)	
and that death occurred on the date stated above, at 9:15 A.M.					
The CAUSE OF DEATH was as follows:					
Habotoloxication.					
Duration 36 hrs. yrs. mos. ds.					
Contributory (Secondary) Cancer, stomach					
Duration about 3 yrs. mos. ds.					
(Signed)	Frank B. Hines				
J. H. 24, 1913	(Address) Chestertown, Md.				
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
At place	In the				
of death	yrs. mos. ds.	State	yrs. mos. ds.		
Where was disease contracted, if not at place of death?					
Former or usual residence.					
19 PLACE OF BURIAL OR REMOVAL				DATE OF BURIAL	
Chestertown				Feb. 26, 1913	
20 UNDERTAKER J. E. Ferguson Chestertown, Md.					
ADDRESS					

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

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Association.]

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the **DISEASE** causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma, *Sarcoma*, etc., of _____ (name origin: "Can-zer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Anæmia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Tebility" ("Congenital," "Scalp," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state **MEANS OF INJURY** and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH		2099	STATE OF MARYLAND CERTIFICATE OF DEATH	
County <u>Kent</u>		184	Registration Dist. No. <u>203</u>	
Village or City <u>Rock Hall</u> (No.)		St. _____ Ward _____		
2 FULL NAME <u>James Alfred Gains</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS				
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	6	
<u>Male</u>	<u>Colored</u>	<u>Single</u>		
7 DATE OF BIRTH	<u>Aug</u>	<u>11</u>	<u>1911</u>	(Month) (Day) (Year)
8 AGE	<u>1</u>	<u>6</u>	<u>2</u>	If LESS than 1 day, ____ hrs. OR ____ min. ?
9 OCCUPATION (a) Trade, profession, or particular kind of work.	<u>Moxye</u>			
(b) General nature of industry, business, or establishment in which employed (or employer)				
10 BIRTHPLACE (State or country)	<u>Kent Co Md</u>			
11 NAME OF FATHER	<u>Joshua L Gains</u>			
12 BIRTHPLACE OF FATHER (State or country)	<u>Kent Co Md</u>			
13 MAIDEN NAME OF MOTHER	<u>Rosie Buttles</u>			
14 BIRTHPLACE OF MOTHER (State or country)	<u>Kent Co Md</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant)	<u>Joseph J Gains</u>			
(Address)	<u>Rock Hall Md</u>			
15	Filed	2/16	1913	T. B. Durdung
REGISTRAR				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.				
MEDICAL CERTIFICATE OF DEATH				
16 DATE OF DEATH	<u>February 14th, 1913</u>			
(Month)	(Day)	(Year)		
17	I HEREBY CERTIFY, That I attended deceased from <u>Aug 11</u> , 1911, to <u>Oct 8th</u> , 1912, that I last saw him alive on <u>that day</u> , 1912, and that death occurred on the date stated above at <u>2 - 30 P.M.</u>			
The CAUSE OF DEATH* was as follows:				
<u>Marsasmus</u>				
(Duration) <u>1 yrs. 6 mos. 2 ds.</u>				
Contributory (Secondary)	<u>Fascism of Nutrition</u>			
(Duration) <u>yrs. ____ mos. ____ ds.</u>				
(Signed)	<u>John Beall</u> , M. D.			
<u>Feb 15, 1913</u> (Address) <u>Rock Hall Md</u>				
* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
At place of death	<u>1</u>	<u>6</u>	<u>2</u>	ds. In the State <u>1</u> yrs. <u>6</u> mos. <u>2</u> ds.
Where was disease contracted, if not at place of death?	<u>At home</u>			
Former or usual residence	<u>Usual residence</u>			
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL			
<u>Sharplawn Cemetery</u> <u>Feb 16, 1913</u>				
20 UNDERTAKER	ADDRESS			
<u>Tho. H. Casey & Co Rock Hall Md</u>				

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on, may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonacum*, etc. *Carcin-*oma. *Sarcoma*, etc., of (name origin: "Cap-
ter" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

2100

County Kent

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 202

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Chestertown (No.)

2 FULL NAME

Casawhela Green

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

female Colored Single

6 DATE OF BIRTH

February 11, 1912

(Month) (Day) (Year)

7 AGE

1 yrs. 1 mos. 16 ds.

If LESS than
1 day, hrs.
OR min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

Filed Feb. 27, 1913

W. J. Hicks

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 27, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1913, to Feb. 27, 1913, that I last saw her alive on Feb. 27, 1913, and that death occurred on the date stated above, at 11:30 a.m. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) 6 yrs. 6 mos. 6 ds.

Contributory
(Secondary)

Laryngitis

(Duration) 8 yrs. 8 mos. 8 ds.

(Signed) C. W. Hobday, M. D.
Feb. 27, 1913. (Address) Chestertown, Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Chestertown, Md.

DATE OF BURIAL
Feb. 28, 1913

20 UNDERTAKER

W. J. Hicks

ADDRESS

Chestertown, Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Pianist*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salszman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*on minc.* etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife*, *Housenework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the DISEASE causing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonymy is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc. *Carcin-*

oma, *Sarcoma*, etc., or _____ (name origin; "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Masculitis*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Ast-
hnia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Traëma," "Weakness," etc. when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*TUERPEAL scriptitiae-
mia*," "*TUERPEAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and QUALITY as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver round of hand—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH County <u>Kent</u>		2101	STATE OF MARYLAND CERTIFICATE OF DEATH		
Village or City <u>Still Pond</u> (No.)			37	201	Registered No. <u>201</u>
St. <u>Ward</u>)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>Senia Hamilton</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>female</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	MEDICAL CERTIFICATE OF DEATH		
6 DATE OF BIRTH <u>June 11, 1892</u> (Month) (Day) (Year)		16 DATE OF DEATH <u>2 26, 1913</u> (Month) (Day) (Year)			
7 AGE <u>20 yrs. 8 mos. 14 ds.</u>		17 I HEREBY CERTIFY, That I attended deceased from 191 ..., to 191 ..., that I last saw her alive on 191 ..., and that death occurred on the date stated above, at m., The CAUSE OF DEATH* was as follows:			
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Servant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Cook</u>		<u>Hemorrhage of the Uterus</u> died before a physician could get to the house. History 2 syphilitic 3 yrs ago Contributory No further information (Duration) yrs. mos. ds.			
9 BIRTHPLACE (State or country) <u>Kent Co Md</u>		(Duration) yrs. mos. ds.			
10 NAME OF FATHER <u>Joseph Hamilton</u>		(Signed) <u>W. S. Maywell</u> , M. D.			
11 BIRTHPLACE OF FATHER (State or country) <u>Maryland</u>		2. 28, 1913, (Address) <u>Still Pond, Md.</u>			
12 MAIDEN NAME OF MOTHER <u>Mary Houston</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
13 BIRTHPLACE OF MOTHER (State or country) <u>Kent Co Md</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mary Wilmore</u> (Address) <u>Bethelton Md</u>		At place _____ yrs. mos. ds. to the State _____ yrs. mos. ds.			
15 Filed <u>February 28, 1913</u> <u>Wilmore Park</u> Local REGISTRAR		Where was disease contracted, If not at place of death? Former or usual residence.			
16		19 PLACE OF BURIAL OR REMOVAL <u>Caledon Md</u>			
20 UNDERTAKER <u>W. S. Maywell</u>		DATE OF BURIAL <u>Mar 2 1913</u>			
		ADDRESS <u>Still Pond</u>			

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*; *Carcinoma*, *Sarcoma*, etc. of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or Intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.** Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tetonus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1 PLACE OF DEATH
County Kent

2102

41

Village or City Chestertown (No.)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 202

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Christiana Hill

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female Colored 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, DIVORCED (Write the word) Widow

6 DATE OF BIRTH

May 17, 1878
(Month) (Day) (Year)

7 AGE

39 yrs. 9 mos. 2 ds. If LESS than
1 day, hrs.
OR min.?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work House wife
- (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Kent Co. Md

10 NAME OF FATHER

Wm Hill

11 BIRTHPLACE OF FATHER
(State or country)

North Carolina

12 MAIDEN NAME OF MOTHER

Nancy Williams

13 BIRTHPLACE OF MOTHER
(State or country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Nancy Hill

(Address)

Chestertown Md

15

Filed Feb. 20, 1913

W. Hicks
Local REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 19, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
Feb. 10, 1913, to Feb. 18, 1913,

that I last saw him alive on Feb. 11, 1913,

and that death occurred on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:

Cancer. Proctitis Intest. Cancer

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Charles W. Hallard, M.D.
Feb. 20, 1913. (Address) Chestertown Md

State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Chestertown Md Date of Burial Feb. 21, 1913

20 UNDERTAKER

W. J. Hicks Address Chestertown Md

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc. *Carcin-*

oma, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Abdominal," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH

2103

County Kent

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 209

Village or City Sandusky Bottom No. Near Frederica

St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Robert Hodges

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE,

MARRIED,

WIDOWED,

OR DIVORCED

(Write the word)

Married

Male

Black

6 DATE OF BIRTH

Jan 1, 1862

(Month) (Day) (Year)

7 AGE

51 yrs. 1 mos. 22 ds.

If LESS than
1 day, hrs.
OR min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Kent Co Md

PARENTS

10 NAME OF
FATHER

Thomas Hodges

11 BIRTHPLACE
OF FATHER
(State or country)

Kent Co Md

12 MAIDEN NAME
OF MOTHER

Emeline Ridout

13 BIRTHPLACE
OF MOTHER
(State or country)

Berkeley Co Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Nellie Hodges

(Address) Chestertown R.R. #2

15

Filed Feb 26, 1913

H. P. Jones
Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 24, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Feb. 22, 1913, to Feb. 22, 1913,

that I last saw him alive on Feb. 22, 1913,

and that death occurred on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory (Secondary) Paroxysmal stroke

(Duration) yrs. mos. ds.

(Signed) Frank W. Smith, M.D.

Feb. 22, 1913 (Address) Chestertown

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Priv. Cemetery at Sandy Point DATE OF BURIAL Feb. 24, 1913

20 UNDERTAKER Thos. H. Casey

ADDRESS Rock Hall

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Scrunt*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma, *Surcoma*, etc., of (name origin: "Can-
cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara- nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicar- mia," "Puerperal peritonitis," etc.; State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Revolver wound of head*—homicide; *Poisoned by carbolic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

2104

County

Kent

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No 202

Village or City

Chesterlown

(No.)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Anna Louisa Houston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

widowed

6 DATE OF BIRTH

Sept 16, 1878

(Month)

(Day)

(Year)

7 AGE

84 yrs. 4 mos. 29 ds.

If LESS than
1 day, hrs.
OR min. ?

6 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Retired

Kent Co Md

Thos B Hyson

PARENTS

10 NAME OF
FATHER11 BIRTHPLACE
OF FATHER
(State or country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

My M. Slay

(Address)

Chesterlown

15

Filed

Feb 17, 1913 W. T. Hicks

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb

10
, 1913

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, that I attended deceased from

Dec 1, 1912 to Feb 14, 1913.

that I last saw her alive on Feb 14, 1913.

and that death occurred on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Acute Bronchitis

(Duration) — yrs. — mos. 6 ds.

Contributory
(Secondary)

bed

(Duration) yrs. mos. ds.

(Signed) W. Benge Simmons, M. D.
2-15-1913 (Address) Chesterlown, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

St Pauls Kent Co Md

DATE OF BURIAL
Feb 17, 1913

20 UNDERTAKER

Chas L. Dodd, Chesterlown

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcinoma*, *Sarcoma*, etc. of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcinoma*, *Sarcoma*, etc. of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Malaria," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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¹ PLACE OF DEATH
County Kent

2105

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 201

St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Millington (No.)²FULL NAME Sarah Moore

PERSONAL AND STATISTICAL PARTICULARS

³ SEX F. ⁴ COLOR OR RACE White ⁵ SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) Married

⁶ DATE OF BIRTH Not Known., 1857
(Month) (Day) (Year)

⁷ AGE 58 yrs. mos. ds. IT LESS than
1 day, hrs.
OR min. ?

⁸ OCCUPATION
(a) Trade, profession, or
particular kind of work Hauswife
(b) General nature of industry,
business, or establishment in
which employed (or employer)

⁹ BIRTHPLACE
(State or country) Md.

¹⁰ NAME OF
FATHER Not Known

¹¹ BIRTHPLACE
OF FATHER
(State or country) Not Known

¹² MAIDEN NAME
OF MOTHER Not Known

¹³ BIRTHPLACE
OF MOTHER
(State or country) Not Known

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John G. Moore

(Address) Millington, Md.

¹⁵ FEB 25 1913
Filed 1913, Julian Davis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH February 23, 1913
(Month) (Day) (Year)

¹⁷ I HEREBY CERTIFY, That I attended deceased from Dec 27, 1912, to Feb 23, 1913,
that I last saw her alive on Feb 23rd, 1913,
and that death occurred on the date stated above, at 11 a.m.
The CAUSE OF DEATH* was as follows:

Cedars of Lungs

(Duration) yrs. mos. ds.
Contributory
(Secondary) Pneumonia Pulmonis

(Duration) 2 yrs. mos. ds.
(Signed) J. Herbert Gates, M. D.
Feb 25/13, 1913 (Address) Millington, Md.

* State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI-
DENTAL, SUICIDAL, or HOMICIDAL.

¹⁸ LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence.

¹⁹ PLACE OF BURIAL OR REMOVAL Millington DATE OF BURIAL Feb 24, 1913

²⁰ UNDERTAKER John G. Moore ADDRESS Millington, Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.. *Carcin-*

oma, *Sarcoma*, etc. of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary). 10 d. Never report mere symptoms or terminal conditions, such as "Anemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tetraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—*accident*; *Revolver wound of head*—*homicide*; *Poisoned by carbolic acid*—*probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH

County

Village or City New Chester town (No.)

2106

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistered No. 205

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

St: _____ Ward) _____

FAMILY NAME Harriet Jewell Phillips

PERSONAL AND STATISTICAL PARTICULARS

³ SEX <u>Female</u>	⁴ COLOR OR RACE <u>White</u>	⁵ SINGLE, MARRIED, WIDOWED, DIVORCED <u>MARRIED</u> (Write the word)
--------------------------------	---	--

⁶ DATE OF BIRTH <u>April 21</u>	<u>1838</u>	
(Month)	(Day)	
		(Year)

⁷ AGE <u>74</u> yrs. <u>10</u> mos. <u>00</u> ds.	IT LESS than 1 day, <u>hrs.</u> <u>00</u> min. ?
--	--

⁸ OCCUPATION <u>Housewife</u>
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

⁹ BIRTHPLACE (State or country) <u>Mas.</u>
--

¹⁰ NAME OF FATHER <u>Samuel Jewell</u>

¹¹ BIRTHPLACE OF FATHER (State or country) <u>N.H. Hampshire</u>

¹² MAIDEN NAME OF MOTHER <u>Caroline E. Keenall</u>
--

¹³ BIRTHPLACE OF MOTHER (State or country) <u>Mas.</u>

¹⁴ THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Wm. L. Phillips</u>

(Address) <u>Chester town P.T.D.</u>

15 Filed <u>Feb 25, 1913</u> W.C. Townsend
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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

¹⁶ DATE OF DEATH <u>Feb 24</u>	, 1913
(Month)	(Day)
(Year)	

¹⁷ I HEREBY CERTIFY, THAT I attended deceased from <u>Feb 24</u> , 1913, <u>and died</u> <u>of natural causes</u> <u>on</u> <u>Feb 24</u> , 1913, <u>and that I last saw</u> <u>alive on</u> <u>Feb 24</u> , 1913,

and that death occurred on the date stated above, at 12 p.m.

The CAUSE OF DEATH* was as follows:

<u>Acute Inflammation Heart</u>
(Duration) <u>Immaculate yrs. mos. ds.</u>
<u>Organic Heart Disease</u>

Contributory (Secondary) <u>Frank B. Jones</u>
(Duration) <u>acute Coronary yrs. mos. ds.</u>

(Signed) Frank B. Jones M. D.
Feb 26, 1913 (Address) Chester town, Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. in the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence:

¹⁹ PLACE OF BURIAL OR REMOVAL <u>Chester town</u>	^{DATE OF BURIAL} <u>Feb 26, 1913</u>
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²⁰ UNDERTAKER <u>J. E. Ferguson</u>	ADDRESS <u>Bluestown</u>
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REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deuter," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*; and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Epidemic cerebrospinal meningitis*; *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "*Typhoid pneumonia*"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is *Indefinite*); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.. *Carcin-*

oma

cer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic pulmonary heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death) *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Affection," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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1 PLACE OF DEATH

2107

County St. LouisSTATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 204St. Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or City Melatola (No.)2 FULL NAME Laura M. Rasin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
-------------------	--------------------------------	---

6 DATE OF BIRTH

July 1, 1841
(Month) (Day) (Year)

7 AGE

78 yrs. 7 mos. 28 ds.

If LESS than
1 day, ____ hrs.
OR ____ min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work Servant
(b) General nature of industry,
business, or establishment in
which employed (or employer)

9 BIRTHPLACE
(State or country)

Md
Unknown

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Laura Rasin
(Address) Melatola

15

Filed _____, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 28, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
_____, 191____, to Feb 28th, 1913,

that I last saw h. alive on _____, 191____

and that death occurred on the date stated above, at _____ m.,

The CAUSE OF DEATH* was as follows:

debility of age

(Duration) yrs. mos. ds.

Contributory
(Secondary)

(Signed) H. G. Dinkins, M. D.
Mar 1, 1913. (Address) Westtown

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Melatola Md DATE OF BURIAL Mar 2 - 1913

20 UNDERTAKER

H. W. Sticks ADDRESS Westtown

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples:

(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc.; *Carcin-*

oma, *Sarcoma*, etc., or _____ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 ds.**; *Bronchopneumonia* (secondary), **10 ds.** Never report mere symptoms or terminal conditions, such as "Anæsthesia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seizure," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Trauma," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*TUMOR*AL *scrotalhaemorrhage*," "*PUERPERAL peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 1 1913

BUREAU, V. S.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		2108	(37)	STATE OF MARYLAND CERTIFICATE OF DEATH	
County..... Kent				Registration Dist. No. 203	
Village or City..... Rock Hall (No.)				St. Ward)	
2 FULL NAME Laura Hilder Smith				[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX Female	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married			
6 DATE OF BIRTH		June 29, 1876	(Month) (Day) (Year)		
7 AGE 36 yrs. — mos. 19 ds.		If LESS than 1 day, hrs. OR min. ?			
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)		House wife			
9 BIRTHPLACE (State or country)		Kent Co. Md			
10 NAME OF FATHER		Samuel Butler			
11 BIRTHPLACE OF FATHER (State or country)		Kent Co. Md			
12 MAIDEN NAME OF MOTHER		Hannie Thompson			
13 BIRTHPLACE OF MOTHER (State or country)		Kent Co. Md			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) (Address)		Henry Smith Rock Hall Md			
Filed 2/20, 1913		T. B. Durding			
REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH		Feb. 17, 1913	(Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1913, to Feb. 17, 1913,					
that I last saw her alive on Feb. 10, 1913,					
and that death occurred on the date stated above, at 4 a.m.					
The CAUSE OF DEATH* was as follows:					
Miscarriage					
(Duration) yrs. mos. ds.					
Contributory (Secondary)		Blood poison			
(Duration) yrs. mos. ds.					
(Signed)		Walter Coffey			
, 191 (Address) Rock Hall, Md.					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)					
At place of death 36 yrs. mos. 19 ds. In the State 36 yrs. mos. 19 ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence residence					
19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL			
Sharpstown Cemetery		Feb. 20, 1913			
20 UNDERTAKER		ADDRESS			
Thos. H. Casey		Rock Hall			

**REVISED UNITED STATES STANDARD
CERTIFICATE OF DEATH**

Approved by U. S. Census and American Public Health Association.

ASSOCIATION:

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manger," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

"er" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Bronchopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Ab-
stentia," "Anaemia" (merely symptomatic), "Atrophy" ("Con-
"Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "Senile," etc.), "Dropsy," "Exhaustion,"
"Heart failure," "Haemorrhage," "Inanition," "Maras-
mus," "Old Age," "Shock," "Uremia," "Weakness,"
etc., when a definite disease can be ascertained as the
cause. Always qualify all diseases resulting from
childbirth or miscarriage, as "Puerperal septicemia,"
"Puerperal peritonitis," etc. State cause for
which surgical operation was undertaken. For violent deaths state means of injury and quality as
ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably*
such, if impossible to determine definitely. Examples:
Accidental drowning; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the
injury, as fracture of skull, and consequences (e. g.,
sepsis, tetanus) may be stated under the head of
"Contributory." (Recommendations on statement of
cause of death approved by Committee on Nomencla-
ture of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement or cause of death—Name, first, the disease time and causation, using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.* *Carcin-*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

2109

STATE OF MARYLAND
CERTIFICATE OF DEATH

County Kent

Village or City Near Rock Hall (No.)

Registration Dist. No. 203

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Chas. L. Strong

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE white	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
------------	-----------------------	--

6 DATE OF BIRTH

Feb 23, 1837

(Month) (Day) (Year)

7 AGE

75 yrs. 2 mos. 29 ds.

If LESS than
1 day, hrs.
OR min. ?

8 OCCUPATION

- (a) Trade, profession, or particular kind of work Farmer
- (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)

Kent Co. Md.

PARENTS

10 NAME OF FATHER

Thos. Strong

11 BIRTHPLACE OF FATHER
(State or country)

Kent Co. Md.

12 MAIDEN NAME OF MOTHER

Katherine Tilden

13 BIRTHPLACE OF MOTHER
(State or country)

Kent Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Roy. Strong

(Address)

Rock Hall Md.

15

Filed Feb. 24, 1913 T. B. Dunning

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 22nd, 1913

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 20th, 1912, to Feb. 22nd, 1913, that I last saw him alive on Feb. 21st, 1913, and that death occurred on the date stated above, at 8:15 a.m., The CAUSE OF DEATH* was as follows:

Contributory (Secondary) (Duration) yrs. 2 mos. 1 ds. Heart disease

(Signed) Walter O. Selby, M. D.
Feb. 22, 1913 (Address) Rock Hall

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. 2 mos. 1 ds.

Where was disease contracted
If not at place of death? at place of death

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

St. Pauls - Feb. 24th, 1913

20 UNDERTAKER

Chas. L. Dodd Chester town

ADDRESS

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry; and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Group"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma

Surcoma

etc.

etc., of _____ (name origin; "Cap-
ser" is less definite; avoid use of "Tuner" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "As-
thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-
genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septic-
mia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIO-
LENCE DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

2110

County..... Kent

Village or City..... Miltola-

(No.)

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 204

St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Samuel Andrew Thompson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Col

5 SINGLE,
MARRIED,
WIDOWED,
DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

Unknown, 1841

(Month)

(Day)

(Year)

7 AGE

72

yrs.

mos.

ds.

If LESS than
1 day, hrs.
OR min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work

From wood.

(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Kent Co., Md.

PARENTS

10 NAME OF
FATHER

Henry Thompson

11 BIRTHPLACE
OF FATHER
(State or country)

Unknown

12 MAIDEN NAME
OF MOTHER

Susan Anderson

13 BIRTHPLACE
OF MOTHER
(State or country)

Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lemky Norwood

(Address) Boston 3. Md

15

Filed Feb 17, 1913

H. P. Jones

Dep. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Feb. 14, 1913

(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from
Nov. 1912, to

that I last saw h alive on , 191

and that death occurred on the date stated above, at 3 p.m.

The CAUSE OF DEATH* was as follows:

General Arteritis of Sclerosis.

(Duration) yrs. mos. ds.

Contributory (Secondary) Endocarditis

(Duration) 2 yrs. mos. ds.

(Signed) Frank A. Smith, M. D.
Feb. 14, 1913. (Address) Boston 3. Md.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL

Miltola

DATE OF BURIAL
Feb. 16, 1913

20 UNDERTAKER

W. T. Hicks

ADDRESS
Chestertown
Md.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baltimore, Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, etc. *Carcin-*

oma

Surcoma, etc. of _____ (name origin: "Cap-
ter" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Brachopneumonia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicemia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *Sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH
County. Kent

2111

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registered No. 201

Village or City Near Coleman, No.

3 FULL NAME Albert Walters

PERSONAL AND STATISTICAL PARTICULARS			
4 SEX Male	4 COLOR OR RACE Black	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single
6 DATE OF BIRTH Oct 10, 1909		(Month)	(Day)
		(Year)	
7 AGE 3 yrs. 4 mos. — ds.	If LESS than 1 day, ____ hrs. OR ____ min. ?		

8 OCCUPATION			
(a) Trade, profession, or particular kind of work None			
(b) General nature of industry, business, or establishment in which employed (or employer)			

9 BIRTHPLACE (State or country) Kent Co Md			
--	--	--	--

10 NAME OF FATHER Thomas Walters			
11 BIRTHPLACE OF FATHER (State or country) Kent Co Md			
12 MAIDEN NAME OF MOTHER Laura Brown			
13 BIRTHPLACE OF MOTHER (State or country) Kent Co Md			

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Blake			
(Address) Worton R.F.D			

15 Filed Feb 10 th , 1913 William Parr Local			
--	--	--	--

REGISTRAR

MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH February 9, 1913 (Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from January 31, 1913, to February 9, 1913, that I last saw him alive on February 9, 1913, and that death occurred on the date stated above, at 5:15 P.m., The CAUSE OF DEATH* was as follows:			
Curious Spinal Menengitis.			
(Duration) yrs. mos. 14 ds.			

Contributory (Secondary)			
(Duration) yrs. mos. ds.			
(Signed) J. J. Nuskin, M. D.			
Feb 10 th , 1913. (Address) Betterton Md			

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Union Ch Yard. DATE OF BURIAL Feb 11, 1913.

20 UNDERTAKER W. H. Sprouse ADDRESS Still Pond Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc. *Carcin-*

oma, Sarcoma, etc., of _____ (name origin; "Ganglion" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), **29 d.**; *Bronchopneumonia* (secondary), **10 d.**. Never report mere symptoms or terminal conditions, such as "*Anæmia*," "*Anæmia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con genital*," "*Senile*," etc.), "*Dropsey*," "*Exhaustion*," "*Heart failure*," "*Haemorrhage*," "*Inanition*," "*Mars mus*," "*Old Age*," "*Shock*," "*Uraemia*," "*Weakness*," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "*Puerperal septicæ mia*," "*Puerperal peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *scaphis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

PLACE OF DEATH		2112	STATE OF MARYLAND CERTIFICATE OF DEATH		
County..... Kent -		Registration Dist. No. 202			
Village or City..... Norton Point (No.)		St. Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME ... Sam Drew Worrell					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <i>Male</i>	4 COLOR OR RACE <i>Col</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>			
6 DATE OF BIRTH <i>May 8, 1833</i> (Month) (Day) (Year)					
7 AGE <i>79 yrs. 8 mos. x ds.</i>	If LESS than 1 day, ____ hrs. OR ____ min. ?				
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Farm labour & Fisherman</i> (b) General nature of industry, business, or establishment in which employed (or employer)					
9 BIRTHPLACE (State or country) <i>Kent Co</i>					
10 NAME OF FATHER <i>Jacob Worrell</i>					
11 BIRTHPLACE OF FATHER (State or country) <i>Kent Co</i>					
12 MAIDEN NAME OF MOTHER <i>Bessie Brown</i>					
13 BIRTHPLACE OF MOTHER (State or country) <i>Westmoreland</i>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Jacob Worrell</i> (Address) <i>Boston & Son</i>					
15 Filed <i>Feb. 13, 1913</i>	16 DATE OF DEATH <i>Feb. 10, 1913</i>			MEDICAL CERTIFICATE OF DEATH	
17 W. C. Stetson Local REGISTRAR	I HEREBY CERTIFY, That I attended deceased from <i>Feb. 10, 1913, to Feb. 10, 1913,</i> that I last saw him alive on <i>Feb. 10, 1913</i> , and that death occurred on the date stated above, at <i>1 P.M.</i> The CAUSE OF DEATH* was as follows:			<i>Cerebral Apoplexy</i>	
Contributory (Secondary) <i>Phronic Nephritis</i>					
(Duration) <i>3 hrs.</i>					
(Duration) <i>7 days</i>					
(Signed) <i>J. W. Smith</i> , M. D. <i>Feb. 10, 1913</i> (Address) <i>Bladensburg</i>					
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.					
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.					
Where was disease contracted, if not at place of death?					
Former or usual residence					
19 PLACE OF BURIAL OR REMOVAL <i>Norton Point</i>					
DATE OF BURIAL <i>Feb. 13th, 1913</i>					
20 UNDERTAKER <i>Chas L. Dodd</i>					
ADDRESS <i>Bladensburg</i>					

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balt., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

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(a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mining*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

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oma. *Surcoma*, etc., of _____ (name origin: "Cap-
ter" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*; *Whooping cough*; *Chronic truvalvular heart disease*; *Chronic interstitial nephritis* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 d.; *Brachomnemomia* (secondary), 10 d. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con- genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Mara- nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septic-
mia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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